Ph.D. Thesis Proposal Defense Evaluation Form

Complete Sections A and B and bring this form to your thesis proposal defense.

A. Student Information

Name: __________________________ Email: __________________________
Office (bldg/room): __________________________ Off. Tel: __________________________
Year entered CBE program (semester/year): __________________________
Dissertation advisor: __________________________
Dissertation Title: __________________________

Defense Date: __________________________

B. Thesis Proposal Committee (4 members from the CBE program)

1. Committee Chair (not student’s advisor): __________________________
2. Dissertation Advisor: __________________________
3. CBE Faculty: __________________________
4. Graduate Program Director: __________________________
5. Other (optional): __________________________

C. Evaluation and Recommendation (to be completed by committee chair)

<table>
<thead>
<tr>
<th>Please evaluate the student’s</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>Unsatisfactory</th>
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<tr>
<td>1. Knowledge of the relevance and uniqueness of the project</td>
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<td>2. Knowledge of the research field</td>
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<td>3. Understanding of the relevant theoretical and experimental methods</td>
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<td>4. Ability to design a sound research strategy</td>
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<td>5. Ability to identify and apply principles of chemical engineering, biology, chemistry, physics, and/or mathematics required for the research</td>
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The committee’s decision is (check one box only; if conditional pass, please specify conditions in Section D)

Pass ☐ Conditional Pass ☐ Fail ☐

May 2004
Student's Name: ______________________________

D. Committee's Comments (to be completed by committee chair)
   Committee's comments and conditions (if conditional pass)
   Use separate sheets, if necessary.

____________________________________________________

Signature of committee chair  Date

May 2004